

SAFETY SHEET (2015)

Camper's First Name _____ Last Name _____ Age _____

Circle the Program(s) your child is in: *Kidz Kamp* *After School Kamp* *Kinder Kamp*

(Guardian #1)

Mother's Name: _____

(Guardian #2)

Father's Name: _____

Address #1: _____

Address #2: _____

Phone: (h) _____

(o) _____

Phone: (h) _____

(o) _____

Camper lives with: _____

Are child's immunizations current? _____

Date of Birth: _____

Gender: M F

School: _____

Monticello Pick up #: _____

*****Please provide a copy of your child's current immunizations*****

ILLNESSES OR MEDICAL CONDITIONS: Does your child have any of the following?

Yes No

☐☐

Asthma

☐☐

Diabetes

☐☐

Seizures

☐☐

Heart Problems

☐☐

Hearing Problems

Yes

No

☐☐

Visual Impairment

☐☐

Developmental Delays

☐☐

Physical Impairment

☐☐

Behavioral or Emotional Problems

Other: _____

Please explain **ALL** yes answers (attach additional paper if necessary):

Medical or Physical conditions

Or Restrictions we need to be aware of:

Medications child is taking:

Medication, Food, etc... Child is Allergic to

Or Sensitive to:

Emergency Phone #'s (Other than self and in the order you would like us to call if YOU cannot be reached)

Name

Day Phone Number

Address

1. _____

2. _____

Out of Area/ State Contact

Day Phone Number

Address

1. _____

Name and number of physician/clinic: _____

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.

SIGNATURE _____

Date _____

List EVERYONE (including yourself!) authorized to pick your child up from camp.

PHOTO ID IS REQUIRED AT CHECKOUT! Please write the First & Last Name that appears on the photo ID. Child will not be released to anyone else without prior written authorization.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I _____ give permission for my child _____ to participate in any and all activities during the time registered in the camp program. I also authorize the Family Fitness Center to transport my child to and from all field trips.

SIGNATURE _____

Date _____

I, _____ acting on behalf of myself or my minor child do hereby agree to release any pictures, video or other electronic recording taken by West Valley City of myself or my child while participating in activities at West Valley City or at any City sponsored event. I recognize that by signing this release I am authorizing the City to use any pictures, video or other electronic recording taken by City staff or myself or my child in advertising, promotion or informational publication designed or used by the City.

SIGNATURE _____

Date _____

Over →

Password, Rules, Consequences, and Late Pick up Policy

Password for phone information

We have a password policy so that you may request information regarding your child(ren) over the phone while they are registered in our camp programs.

To ensure your child(ren)'s safety a password will be required prior to giving any information (attendance, change in person picking child up, etc.) to any person on the telephone. Passwords will be kept confidential by the staff; however you may give your password to whomever you need to. Please notify us if you feel it is necessary to change your password.

Child(ren)'s Name: _____

Parent's Name: _____

Password: _____

Rules:

1. Keep hands & feet to self
2. Positive language (No Swearing or Demeaning comments)
3. Follow safety related guidelines in each area
4. Respect others
5. Listening ears when others are talking
6. Walking feet in edutainment or hallways

Consequences if Rules are broken:

1. The child will get a verbal warning by the staff and a 5 minute time out. (Parent or guardian will be notified that child is on their first warning when the child is picked up.)
2. If a second incident occurs the child will do worksheets during the next activity or until done with worksheets. Child will make up consequence for self. (Parent or guardian will be notified that child is on their second warning when the child is picked up.)
3. If problems continue the staff will let the Camp Supervisor know and the child will do worksheets during the next activity. Child will make up consequence for self. (Parents or guardian will be notified that child is on their third warning by the camp supervisor or camp staff.)
4. If problems persist the parent or guardian will be called and will need to pick up their child from camp immediately. The child will not be allowed to attend camp for the rest of the week and possibly the following week. No refund will be issued for any portion of camp the child has been suspended from. The camp coordinator will determine if the child can return to camp in the future. During this process a meeting with the parent(s) or guardian(s) may be scheduled.

After School Kamp and Kidz/ Kinder Kamp Late Pick-up

The West Valley City Family Fitness Center After School Kamp and Kidz / Kinder Kamp programs close at 6:00 pm Monday through Friday. You will be given a 5 minute grace period after these hours, and then you will be charged \$1.00 per minute per child for every minute the parent / guardian is late. The time will be determined by the clock displayed in the Child Care Center.

If you arrive at:

6:06 pm = \$6.00

6:15 pm = \$15.00

6:30 pm = \$30.00

6:45 pm = \$45.00

7:00 pm = \$60.00

Payment must be made at the time of pick up. If no means of immediate payment is possible, the late fee amount will be charged to your account displaying an outstanding balance along with an alert message notifying the Fitness Center staff of the payment due. No program registrations or rentals will be allowed until the balance is paid in full.

If a parent/guardian does not arrive for pick up after 60 minutes and staff has not been able to speak with a parent/guardian and/or all other contacts have been exhausted, the Police Department will be notified.

As the parent or guardian of _____ I understand and agree with the policies

Child's Name

outlined in this document and I have reviewed the rules and consequences with my child.

SIGNATURE _____

Date _____